

POSITION	ID NO.	DATE
CLASSIFIER	25	07-25-87
EXAMINER	821	10-17-97
TYPIST	821	10-17-87
VERIFIER	821	10-17-87
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Final	Original	Date
1	✓	✓	7/20/99
2	✓	✓	8/3/99
3	✓	✓	8/4/99
4	✓	✓	8/4/99
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11	✓	✓	8/4/99
12	✓	✓	8/4/99
13	✓	✓	8/4/99
14	✓	✓	8/4/99
15	✓	✓	8/4/99
16	✓	✓	8/4/99
17	✓	✓	8/4/99
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SYMBOLS

✓	Rejected
—	Allowed
- (Through number)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date	
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